

## **REMARKS**

This Supplemental Amendment is submitted herewith to present additional claim amendments and remarks to those presented in the October 31, 2007 Amendment.

Claims 1 and 3-17 are pending in this application. Claims 1 and 3-17 stand rejected. Claims 1, 8 and 9 are amended herein. No new matter has been added.

The specification has been carefully reviewed and revised to make grammatical and idiomatic improvements in order to aid the Examiner in further consideration of the application. An amendment to the specification is contained herein. No new matter has been added.

Claims 1 and 3-17 are rejected under 35 USC § 103(a) as being unpatentable over Joao (U.S. Patent No. 6,283,761) in view of Felsher (U.S. Patent Application Publication No. 2002/0010679).

Claims 1, 8 and 9 have been amended so as to further distinguish the present invention, as recited therein, from the references relied upon in the above mentioned rejections. Support for these claim amendments may be found throughout the specification, and particularly, in paragraphs 0073-0075.

The above mentioned rejections are submitted to be inapplicable to the amended claims for the following reasons.

Claim 1 is patentable over the combination of Joao and Felsher because claim 1 recites a medical information system including, in part, a patient server including a first database, where the patient server is operable to receive vital information and unique identifications allocated to patients, store and manage the received vital information and unique identifications in the first database such that the vital information is associated with a corresponding unique identification and such that correspondence between each of the unique identifications and patient data including at least a patient name is unrecognizable, and transmit the stored and managed vital information and unique identifications. Moreover, the medical information system of claim 1 includes a first network configured to allow communication between the patient server and a medical care provider server and disallow communication between either a patient terminal or a doctor terminal and either the patient server or the medical care provider server, and disallow communication between the patient terminal and the doctor terminal.

Furthermore, the medical information system of claim 1 includes a second network configured to allow communication between the patient terminal and the patient server, and disallow communication among the patient server, the medical care provider server, and the doctor terminal, and a third network configured to allow communication between the doctor terminal and the medical care provider server, and disallow communication among the patient server, the medical care provider server, and the patient terminal.

In contrast, Joao discloses a medical information system including a server 10 that acts as a connection node for a health care provider device 20, a payer device 30, a patient device 40, and an intermediary device 50. The provider device 20, the payer device 30, the patient device 40, and/or intermediary device 50, can be any computer or communication device, including, but not limited to, a personal computer, a home computer, a server computer, a network computer, a hand held computer and the like. Server 10, provider device 20, payer device 30, patient device 40, and intermediary device 50, can transmit information to, as well as receive information from, any of the other devices 10, 20, 30, 40, and 50. Each of the devices 10, 20, 30, 40 and 50 can be linked with any other computer or computers directly or indirectly directly or indirectly with one another so as to facilitate direct or indirect bidirectional communication.

Server 10 of Joao includes a database 10H that contains any and/or all of the information needed and/or required in order to perform any and/or all of the functions, services and/or operations for the invention of Joao. Database 10H contains data and/or information regarding patient name, patient identification information, patient social security number or other identification information, data of birth, doctors or providers and so on. The data and/or information which is or which may be stored in the database 10H, can be utilized and/or can appear in any of the reports, diagnostic reports, treatment reports, evaluation reports, provider reports, payer reports, patient reports, training reports, and/or any reports of Joao. The provider device 20, the payer device 30, the patient device 40 and the intermediary device 50, each contain, respectively, databases 20H, 30H, 40H, and 50H. Each of these databases can contain and/or be linked to any of the data and/or information described as being stored in the database 10H.

While using the system of Joao, a user can enter information concerning the patient, the treatment, and or care, which is desired to be evaluated and or monitored.

Server 10 uses database 10H to obtain patient information, patient medical history, family history, if pertinent, system information, provider information, and/or any other information which can be relevant and or pertinent.

Based on the above discussion, it is apparent that the medical information system of Joao includes devices 10, 20, 30, 40 and 50 that can be linked with any other computer or computers directly or indirectly with one another so as to facilitate direct or indirect bidirectional communication. Moreover, the medical information system of Joao stores information regarding patient identifications and associates these patient identifications with corresponding patient medical history. Furthermore, there is no disclosure or suggestion in Joao that communication between the devices 10, 20, 30, 40 and 50 is limited to any communication channel(s) or direction, and that at least one of the computer devices 10, 20, 30, 40, and 50 stores and manages vital information that is associated with a corresponding unique identification such that a correspondence between the unique identifications and patient data is unrecognizable.

In other words, the system of Joao does not disclose a system including a patient server having a first database, where the patient server is operable to receive vital information and unique identifications *allocated to patients*, store and manage the received vital information and unique identifications in the first database such that the vital information is associated with a corresponding unique identification and *such that correspondence between each of the unique identifications and patient data including at least a patient name is unrecognizable*, and transmit the stored and managed vital information and unique identifications. Moreover, the system of Joao does not disclose a *first network configured to allow communication between the patient server and a medical care provider server and disallow communication between either a patient terminal or a doctor terminal and either the patient server or the medical care provider server, and disallow communication between the patient terminal and the doctor terminal*. Furthermore, the system of Joao does not include a *second network configured to allow communication between the patient terminal and the patient server, and disallow communication among the patient server, the medical care provider server, and the doctor terminal*. The system of Joao also does not include a *third network configured to allow communication between the doctor terminal and the medical care provider server,*

*and disallow communication among the patient server, the medical care provider server, and the patient terminal.* Therefore, Felsher must disclose or suggest these features in order for the combination of Joao and Felsher to render the present invention as recited in claim 1 obvious.

Regarding Felsher, it is relied upon in the rejection as disclosing second and third networks. Specifically, Felsher discloses a system of maintaining the security of medical records against unauthorized access or use including a medical information database 6 for storing patient medical records which may be encrypted or unencrypted. During operation, encrypted files are received and stored in conjunction with an index server 5 in the database 6. An index record is provided in the index server 5 for each database 6 entry, providing an identification for the patient, a locator for the associated record, and a set of access rules for the record. The patient records are intrinsically anonymous, and thus are identified only by association with the respective patient through index 5. Thus, database 6 maintains patient medical history records separate from corresponding patient identification information contained in the index server 5. Moreover, the patient records, albeit without the patient personally identifying information, may be used for anonymous summary information searches.

Furthermore, the system of Felsher uses the internet as a preferred communications network. Thus the records may be transmitted virtually anywhere on earth using a single infrastructure. Alternately, private networks or virtual private networks may be employed.

Thus, it is clear that Felsher also fails to disclose or suggest the above-discussed features of the medical information system of claim 1.

It is respectfully submitted that the cited art, as a whole, is not suggestive of the presently claimed invention. Specifically, Applicants respectfully submit that Felsher teaches away from Joao, and as such, supports the non-obviousness of the invention. More specifically, in contrast to Joao, Felsher clearly describes a medical security system including a database 6 that maintains patient medical history records separate from corresponding patient identification information contained in the index server 5.

By virtue of maintaining the database 6 separate from the index server 5, Felsher teaches against associating patient medical records with the corresponding unique

identification. Moreover, because Felsher does not also employ a system that maintains patient medical history that is associated with corresponding unique identification information in a same database, it is incompatible with Joao. Substituting the medical security system of Felsher for the health care information system of Joao, renders the system of Joao unsatisfactory for its intended purpose because a user cannot then access a patient's medical history and/or other information that can be relevant and/or pertinent using corresponding unique identifications. Because the proposed modification/substitution changes the principle of operation of Joao and renders Joao unsatisfactory for its intended purpose, Felsher is incompatible with Joao. Thus, considering the references as a whole, there is no reason to make the proposed combination of references. As a result, claim 1 is patentable over the combination of Joao and Felsher.

In the Office Action, the Examiner notes that obviousness can only be established by combining or modifying the teachings of the prior art to produce the claimed invention where there is some teaching, suggestion, or motivation to do so found in either the references themselves or in the knowledge generally available to one of ordinary skill in the art. Moreover, the Examiner asserts that it would have been obvious to combine the teachings of Felsher with the teachings of Joao with the motivation of providing a secure system for exchanging confidential information. The Applicants respectfully traverse this assertion.

MPEP § 2145(III) establishes that a claimed combination cannot change the principle of operation of the primary reference or render the reference inoperable for its intended purpose, and MPEP § 2145(VI) establishes that a prior art reference must be considered in its entirety. The Applicants respectfully submit that, although Felsher is in the same field of endeavor as Joao, the Examiner has not considered Felsher in its entirety. Specifically, it does not appear that the Examiner has considered how maintaining the database 6 separate from the index server 5, teaches against associating patient medical records with the corresponding unique identification. Thus, as discussed above, when Felsher is considered in its entirety, it teaches away from Joao because it changes the principle of operation of Joao and renders Joao inoperable for its intended purpose.

Regarding claim 8, it is patentable over the references relied upon in the rejection for reasons similar to those set forth above in support of claim 1. That is, claim 8 recites a medical information system including, in part, a plurality of patients servers each including a first database where each patient server is operable to receive vital information and unique identifications *allocated to patients*, store and manage the received vital information and unique identifications in a respective first database such that the vital information is associated with a corresponding unique identification, *and such that correspondence between each of the unique identifications and patient data including at least a patient name is unrecognizable.*

Moreover, the medical system of claim 8 includes *a first network configured to allow communication between the patient servers and a medical care provider server and disallow communication between either patient terminals or a doctor terminal and either the patient servers or the medical care provider server, and disallow communication between the patient terminals and the doctor terminal.*

Furthermore, the medical system of claim 8 includes *a second network configured to allow communication between the patient terminals and the patient servers, and disallow communication among the patient servers, the medical care provider server, and the doctor terminal.* The medical system of claim 8 also includes *a third network configured to allow communication between the doctor terminal and the medical care provider server, and disallow communication among the patient servers, the medical care provider server, and the patient terminals.*

Regarding claim 9, it is patentable over the references relied upon in the rejection for reasons similar to those set forth above in support of claim 1. That is, claim 9, recites a medical information system including, in part, a patient server comprising a first database, where the patient server is operable to receive vital information and unique identifications *allocated to patients*, store and manage the received vital information and said unique identifications such that the vital information is associated with a corresponding unique identification and *such that correspondence between each of the unique identifications and patient data including at least a patient name is unrecognizable.*

Moreover, the medical information system of claim 9 includes *a first network configured to allow communication between the patient server and medical care provider servers and disallow communication between either a patient terminal or doctor terminals and either the patient server or the medical care provider servers, and disallow communication between the patient terminal and the doctor terminals.*

Furthermore, the medical system of claim 9 includes *a second network configured to allow communication between the patient terminal and the patient server, and disallow communication among the patient server, the medical care provider servers, and the doctor terminals.* The medical information system of claim 9 also includes *a third network configured to allow communication between the doctor terminals and the medical care provider servers, and disallow communication among the patient server, the medical care provider servers, and the patient terminal.*

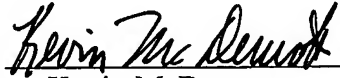
Because of the above mentioned distinctions, it is believe clear that claims 1 and 3-17 are patentable over the references relied upon in the rejections. Furthermore, it is submitted that the distinctions are such that the person having ordinary skill in the art at the time of invention would have no reason to make any combination of the references of record in such a manner as to result in, or otherwise render obvious, the present invention as recited in claims 1 and 3-17. Therefore, it is submitted that claims 1 and 3-17 are clearly allowable over the prior art of record.

In view of the foregoing amendments or remarks, all of the claims now active in this application are believed to be in condition for allowance. Reconsideration and favorable action are respectfully solicited.

Should the Examiner believe there are any remaining issues that must be resolved before this application can be passed to issue, it is respectfully requested that the Examiner contact the undersigned by telephone in order to resolve such issues.

Respectfully submitted,

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